

Vermont Dual Eligibles Demonstration Project Work Plan and Timeline

Revised **September 24, 2012**

Gray highlighted activities designate official CMS processes and timelines

Green highlights are State changes; yellow are CMS changes

Timeframe	Key Activities/Milestones	Responsible Parties
July, 2011 – May, 2012 (similar meetings will continue at least until CMS – VT contract approval)	Twenty-four Stakeholder Advisory Group meetings <ul style="list-style-type: none"> Presentations to consumer representatives, provider and other advocacy groups Interactive discussions about key elements of the Vermont proposal, including the care model design 	VT Duals Project staff
January, 2012	Beneficiary focus groups <ul style="list-style-type: none"> Eight focus groups to gather information on participants' experience with Medicare, Medicaid and health and community-based service providers Report sent to all Stakeholder Advisory Group members and published on VT Duals web-site 	Finch Network LLC (under contact with VT Duals Project)
February – April, 2012	Secure state legislative approval for proposal submission	VT Secretary of Agency Human Services (AHS), Commissioner of Department of Vermont Health Access (DVHA)
February – April, 2012	Begin analyses of integrated Medicare – Medicaid data to inform proposal to CMS	VT Duals Project staff & consultants
April 2 – May 1, 2012	Vermont official public comment period on draft proposal <ul style="list-style-type: none"> Proposal available for submitting public comments to VT 	VT Duals Project staff
May 1 – May 9, 2012	Incorporate Public Comments, Revise Proposal	VT Duals Project staff & consultants

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May 2, 2012	Submit State Readiness Review Assessment (re: data capabilities) to RTI <ul style="list-style-type: none"> May 7, 2012: Follow-up call with RTI 	VT Duals Project staff & consultants
May 10, 2012	Submit Final Proposal to CMS	AHS Secretary, DVHA Commissioner
May 10 – June 8, 2012	CMS public notice of Vermont Proposal <ul style="list-style-type: none"> Proposal available for submitting public comments to CMS 	CMS
June 11 – June 29, 2012	CMS/State review of public comments, State responses to CMS re: public comments	CMS, VT Duals Project staff & consultants
July, 2012	Submit Plan to CMS for Global Commitment enrollees to transition to ACA coverage options by January 1, 2014	AHS Secretary and DVHA Commissioner
August - November 30, 2012	Develop criteria for Integrated Care Providers (ICPs) and Integrated Care Providers PLUS (ICP-PLUS)	VT Duals Project staff & consultants, with stakeholder input
August – November 30, 2012	Continue analyses of Integrated Medicare – Medicaid data to inform areas for targeted intervention to improve quality of care and control costs	VT Duals Project staff & consultants
August - November 30, 2012	Develop specific state and provider performance and outcome measures, and measures for any evaluation activities required by CMS	VT Duals Project staff & AHS staff & consultants, with stakeholder input
August - November 30, 2012	Identify general reimbursement methodologies and parameters for MCE and ICP / ICP-PLUS contractual relationships	VT Duals Project & DVHA staff & consultants, with stakeholder input

Timeframe	Key Activities/Milestones	Responsible Parties
September – December, 2012	Establish CMS / Vermont payment methodology and rates <ul style="list-style-type: none"> Conduct actuarial analysis Negotiate rates /risk adjustment methodology Develop agreement re: how to adjust for service claims that occur before but are paid after the Demonstration begins, and for service claims that occur during the Demonstration but must be paid after the Demonstration ends (claims lag) Agree on projected savings and shared savings amounts Agree on quality with-hold amounts Set rates 	CMS, AHS CFO, DVHA Commissioner, VT Duals project staff & consultants
September – December, 2012	Establish requirements for Vermont financial reporting to CMS <ul style="list-style-type: none"> Identify population and sub-population categories Identify types / levels of service data for Medicaid and Medicare Develop mechanisms to adjust for service claims that occur before but are paid after the Demonstration begins, and for service claims that occur during the Demonstration but must be paid after the Demonstration ends (claims lag) 	CMS, AHS CFO, DVHA Commissioner, VT Duals project staff & consultants
September – December, 2012	CMS / Vermont MOU Finalization¹ <ul style="list-style-type: none"> Draft MOU/contract terms Finalize MOU between CMS and Vermont that outlines specific programmatic design elements, technical parameters, waiver requests, and approval package for necessary Medicare and Medicaid authorities and payment/financial models MOU package goes through CMS approval process; approved MOU signed by CMS and Vermont. 	CMS, DVHA Commissioner, VT Duals staff & consultants
September, 2012 – February, 2013	Establish integrated DVHA-Medicare pharmacy program <ul style="list-style-type: none"> Ensure single program meets CMS drug coverage requirements Ensure program meets MA-PD plan requirements Develop provider and patient education materials 	DVHA Pharmacy Unit and PBM contractor, with stakeholder input
Early October, 2012	CMS releases Web Tool for Notice of Intent to Apply for Capitated Financial Alignment Demonstration Plans	CMS

¹ Draft template MOU for capitated model: http://www.cms.gov/smdl/downloads/Financial_Models_Supporting_Integrated_Care_SMD.pdf: appendices to be developed through planning activities with the state include 1) Definitions, 2) CMS Standards & Conditions Checklist/Supporting State Documentation, 3) Details of State Initiative/Geographic Area, 4) Medicaid Authorities and Variances, 5) Medicare Authorities and Variances, 6) Payments to Participating Plans, 7) Operation Manual. Note: work will occur on the MOUs, but no decisions will be made during the public comment period.

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October, 2012 – July, 2013	IT/Systems adaptations for eligibility determination, claims processing and reporting <ul style="list-style-type: none"> Update VIEWS enrollment logic to flag demonstration and opt-out beneficiaries Modify MMIS <ul style="list-style-type: none"> Develop and implement encounter data specs To accept new ICOs/reflect global payments To process Medicare claims Update federal reporting specifications and necessary reporting interfaces 	DCF, AHS IT DVHA MMIS contractor AHS Financial Unit VT Duals staff
Early November, 2012	State submits Notice of Intent to Apply (NOIA) as a Capitated Financial Alignment Demonstration Plan to CMS	DVHA Commissioner
November 15 – December 31, 2012	Draft Request for Proposals (RFP) to identify entities with the interest and demonstrated capacity to become an ICP or ICP-PLUS	VT Duals Project staff & consultants
December, 2012	MOU signed by CMS and Vermont	CMS, AHS Secretary and DVHA Commissioner
December 6, 2012	CMS User ID form due to CMS	VT Duals Project Staff
December 15, 2012	State Submits letter of intent to CMS to renew / re-negotiate Global Commitment to Health and Choices for Care Medicaid 1115 Demonstrations <ul style="list-style-type: none"> GC Waiver is approved through December 30, 2013; letter of intent is due at least 1 year before end of Demonstration approval timeframe VT intends to combine GC and CFC demonstrations through GC renewal / renegotiation process Duals Demonstration will be included in these discussions 	AHS Secretary, CMS

Timeframe	Key Activities/Milestones	Responsible Parties
December, 2012 – December, 2013	Retain / Hire key project staff and consultants <ul style="list-style-type: none"> Obtain CMS Demonstration Administrative Support funds for Vermont project refinement and implementation Obtain VT legislative authority for continuation of existing and new limited service positions Develop new job descriptions Recruit and hire new positions Retain / establish contracts with consultants 	AHS Secretary and DVHA Commissioner VT Duals Project Director
January – May, 2013	Obtain VT legislative approval for projected Duals program state expenditures for SFY2014 <ul style="list-style-type: none"> Includes any new VCCI staff needed for Duals project 	AHS Secretary and DVHA Commissioner
January – May, 2013	Establish specific provider payment methodology and rates between MCE and providers, including shared savings <ul style="list-style-type: none"> Use integrated data to conduct actuarial analyses 	VT Duals Project staff & consultants
January – May, 2013	Develop the format for the Comprehensive Needs Assessment tool to be used by all ICPs and ICP-PLUS	VT Duals Project staff , consultants, with stakeholder input
January – May, 2013	Develop triage protocols between various care coordination entities (BP CHTs, VCCI, SASH, other ICPs and ICP-PLUS)	Duals Project staff, consultants, care coordination staff
January – May, 2013	Establish Demonstration grievance and appeals processes	Duals Project staff, with stakeholder input
January – July, 2013	Develop operational capacity to implement state and provider performance and outcomes metrics <ul style="list-style-type: none"> Develop mechanisms for capturing data Develop new analytic views/reports Implement state infrastructure to collect, monitor and report data 	DVHA Commissioner & Dual Project staff
January – December, 2013	Health Information Technology (HIT) system development <ul style="list-style-type: none"> Ensure that the statewide HIT system incorporates the connectivity and tools necessary to enable individuals and their chosen medical and support providers to access their integrated care plan information on-line. 	DVHA Health Care Reform Division – HIT section

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January 7, 2013	Issue Request for Proposals (RFP) to identify entities with the interest and demonstrated capacity to become an ICP or ICP-PLUS <ul style="list-style-type: none"> Release RFP – January 7, 2013 Responses due – March 11, 2013 Review responses and select entities with which to pursue contractual agreements – April 15, 2013 	DVHA Commissioner, VT Duals Project staff & consultants
January 10, 2013	Final 2014 Capitated Financial Alignment Demonstration Plan Application posted by CMS (available in HPMS)	CMS
February 21, 2013	Capitated Financial Alignment Demonstration Plan application due to CMS <ul style="list-style-type: none"> Applications reviewed between late February and mid-May 	AHS Secretary and DVHA Commissioner
March 11, 2013	Responses to ICP / ICP-PLUS RFP due to State	Interested Organizations
March 11 – April 15, 2013	DVHA reviews responses to ICP / ICP-PLUS RFP and selects entities with which to pursue contractual agreements	DVHA Commissioner
April 15 – May 30, 2013	Develop ICP / ICP-PLUS contracts	DVHA Commissioner
Mid-April, 2013	Submit pharmacy program information and formularies to CMS² <ul style="list-style-type: none"> Information reviewed by CMS between mid-April and July 	AHS Secretary and DVHA Commissioner
May, 2013	Submit Part D Medication Therapy Management Program (MTMP) to CMS³	AHS Secretary and DVHA Commissioner

² As provided under 42 CFR 423.120(b) and in Chapter 6 of the Prescription Drug Benefit Manual (refer to <http://www.cms.gov/PrescriptionDrugCovContra/Downloads/Chapter6.pdf>), a Part D sponsor that uses a formulary under its qualified prescription drug coverage must meet requirements for the following: Pharmacy and Therapeutics committee; provision of an adequate formulary; a transition process; limitation on changes in therapeutic classification; provision of notice regarding formulary changes; limitation of formulary changes prior to beginning of contract year; provider and patient education; and formulary changes during the contract year.

³ As provided under 42 CFR 423.153(d) and in Chapter 7 of the Prescription Drug Benefit Manual (refer to <http://www.cms.gov/PrescriptionDrugCovContra/Downloads/Chapter7.pdf>), a Part D sponsor must establish an MTMP that is designed to ensure that covered Part D drugs prescribed to targeted beneficiaries (those that have multiple chronic conditions, are taking multiple Part D drugs, and are likely to incur annual drug costs above a certain threshold) are appropriately used to optimize therapeutic outcomes through improved medication use; is designed to reduce the risk of adverse events, including adverse drug interactions, for targeted beneficiaries; may be furnished by a pharmacist or other qualified provider; and may distinguish between services in ambulatory and institutional settings. While services and interventions may vary across setting, the criteria for identifying targeted beneficiaries eligible for MTMP cannot.

Timeframe	Key Activities/Milestones	Responsible Parties
June 3, 2013	Submit VT Demonstration benefit package to CMS⁴ <ul style="list-style-type: none"> Information reviewed by CMS in June and July 	AHS Secretary and DVHA Commissioner
Mid-June, 2013	Submit Pharmacy Supplemental Formulary Files, Free First Fill File, Partial Gap Coverage File, Excluded Drug File, Over-the-Counter Drug File, and Home Infusion File to CMS	DVHA Commissioner
June, 2013 – on-going	Develop and provide enhanced care coordination training	VT Duals Provider Education and Training Staff, with stakeholder input
June, 2013 – September, 2013	Develop Member outreach/marketing and enrollment support materials <ul style="list-style-type: none"> Work with beneficiary representatives to ensure materials are accessible for all beneficiaries 	VT Duals Project Staff, with stakeholder input
June 18 – September 18, 2013	Three-way contract documents finalized between CMS, State and MCE	CMS, AHS Secretary, DVHA Commissioner
Mid-July, 2013	Test IT process for auto assignment of eligible beneficiaries into Duals Demonstration	AHS IT DCF ESD DVHA MMIS
August 1 – September 19, 2013	CMS and State readiness review / final preparations <ul style="list-style-type: none"> Review of state, and DVHA capacity and state oversight and monitoring capabilities Test all operational systems 	CMS VT Duals Project Staff

⁴ For non-demonstration MA plans and PDPs, bids and plan benefit packages are submitted to CMS using standardized software by the first Monday in June preceding the contract year they are bidding for. Plan benefit package submissions detail all the benefits – and associated cost-sharing and limitations – offered under the plan. Demonstration plans will only be required to submit plan benefit packages; no competitive bid will be required.

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September 20, 2013	Sign three-way contract between CMS, AHS and MCE <ul style="list-style-type: none"> Contingent on satisfying readiness requirement Ensure all required waivers and/or state plan amendments are in place. Ensure all required legislative and budget authority is in place 	CMS, AHS Secretary, DVHA Commissioner
Mid-September – early October, 2013	Medicare roll-out of Medicare plan options <ul style="list-style-type: none"> Will include Vermont Duals Project information 	CMS
September 20 - October 1, 2013	Vermont Marketing and Outreach begins <ul style="list-style-type: none"> Beneficiary notification of Demonstration and information about opt-out procedures (must be received by beneficiaries no later than October 1) 	VT Duals Project Staff
October 15 – December 7, 2103	Annual CMS Coordinated Election period <ul style="list-style-type: none"> Vermont beneficiaries may choose to opt-out of the Demonstration (and on an on-going monthly basis after Demonstration begins) 	CMS
October 15 – December, 2013	VT Duals Demonstration beneficiary selection of PCP and ICP / ICP-PLUS	Beneficiaries with assistance from VT Duals Project staff and Stakeholder Organizations
Early December, 2013	Begin auto assignment of eligible beneficiaries into Duals Demonstration, with an effective date of 1/1/14	AHS IT DCF ESD DVHA MMIS
January 1, 2014	New Combined Global Commitment to Health and Choices for Care 1115 Medicaid Demonstration and associated Dual Eligibles Demonstration are effective	CMS, AHS Secretary
January 1, 2014	Member enrollment in Duals Demonstration is effective	